

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 101522, 024	Filing Date		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
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48						98				
49						99				
50						100				
Total Indep	2					Total Indep				
Total Depend	12					Total Depend				
Total Claims	14					Total Claims				

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*claims that are amended 4-7, and 11-14*